



CHAIN-OF-CUSTODY / Analytical Re
The Chain-of-Custody is a LEGAL DOCUMENT. All releve

MO#: 1285618


PM: MMW Due Date: 04/26/17
CLIENT: USS CORP

Section A Required Client Information: **Section B** Required Project Information: **Section C** Invoice Information:

Company: USS Corporation	Report To: Tom Moe	Attention: Company Name:
Address: P.O. Box 417	Copy To:	Address:
Mt. Iron, MN 55768		Pace Quote:
Email:	Purchase Order #:	Pace Project Manager: heather.zika@pacelabs.com,
Phone:	Fax:	Pace Profile #:
Requested Due Date:	Project Name: NPDES-LINE 3 Wky	
	Project #:	

ITEM #	SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample Ids must be unique	MATRIX		CODE		MATRIX CODE (see valid codes to left)		SAMPLE TYPE (G=GRAB C=COMP)		COLLECTED		SAMPLE TEMP AT COLLECTION		# OF CONTAINERS		Preservatives		Analyses Test		Y/N	Requested Analysis Filtered (Y/N)										Residual Chlorine (Y/N)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Dinking Water	DW	Water	WT	Waste Water	WW	Product	P	Soil/Solid	SL	Oil	OL	Wipe	WP	Air	AR	Other	OT	Tissue	TS	DATE	TIME	DATE	TIME	Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	LAB FILTERED: SO4	Lab FILTERED: Ca,Mg,Hard																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

ADDITIONAL COMMENTS				RELINQUISHED BY / AFFILIATION				ACCEPTED BY / AFFILIATION				SAMPLE CONDITIONS			
				DATE				DATE				TEMP in C			
				TIME				TIME				Received on Ice (Y/N)			
				DATE				DATE				Custody Sealed Cooler (Y/N)			
				TIME				TIME				Samples Intact (Y/N)			
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	Document Name:	Document Revised: 15Mar2016
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:

WO# : 1285618

PM: MMW

Due Date: 04/26/17

CLIENT: USS CORP

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: +4.9 Cooler Temp Corrected °C: 5.2 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: 40.3 Date and Initials of Person Examining Contents: 4-12-17 MJ

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WST</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date: 4/13/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)